



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|------------------------|
| Application Number | 10/001,650 |
| Filing Date | 10/31/2001 |
| First Named Inventor | Chang, Li Fung, et al. |
| Group Art Unit | 2687 |
| Examiner Name | Nguyen, Khai Minh |
| Attorney Docket Number | 2000-0602 |

Total Number of Pages in this Submission 6

Enclosures (check all that apply)

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment / Response
- ☐ After Final
- ☐ Affidavits / Declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53
- ☐ Response to Missing Parts/Incomplete Application

- ☐ Assignment & Recordation Cover Sheet
- ☐ Drawing(s) & Letter to Official Draftsman
- ☐ Interview Summary
- ☐ Petition to the Commissioner
- ☐ Petition to Convert a Provisional Application
- ☒ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund

- ☐ After Allowance Communication to Group
- ☐ Appeal Communications to Board of Appeals and Interferences
- ☐ Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Return Receipt Postcard
- ☐ CD, Number of CDs
- ☒ Additional enclosure(s) (please identify below)

Issue Fee Transmittal - Part B

2 copies

"Fee Address" Indication Form

Remarks Response to Notice of Allowance and Fee Due mailed 05/19/2005

CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

| | | | | | |
|---------|---------------------------------------|-------|------------|----------|--------------|
| NAME | Samuel H. Dworetsky | | | | |
| ADDRESS | AT&T CORP., One AT&T Way, Room 2A-207 | | | | |
| CITY | Bedminster | STATE | New Jersey | ZIP CODE | 07921 |
| COUNTRY | United States of America | | | FAX | 908-532-1281 |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-----------|-------------------|--------|-------|
| NAME | Robert T. Canavan | Reg. # | 37592 |
| TELEPHONE | 908-707-1568 | | |
| SIGNATURE | | DATE | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 8/19/2005

| | | | |
|----------------------|---------------|------|-----------|
| Type or Printed Name | Mary J. Curch | | |
| Signature | | Date | 8/19/2005 |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450